

London Borough of Richmond upon Thames Children's Disability Register application (June 2013)

Child's details

First names:

Surname:

Also known as:

Date of birth:

Female / Male (Please circle)

Ethnicity of the child (please tick)					
White	White British	<input type="checkbox"/>	Mixed	White and Black Caribbean	<input type="checkbox"/>
	White Irish	<input type="checkbox"/>		White and Black African	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>		White and Asian	<input type="checkbox"/>
	Traveller of Irish Heritage	<input type="checkbox"/>		Any other Mixed background	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>	Black or Black British	Caribbean	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>		African	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	
	Bangladeshi	<input type="checkbox"/>	Other ethnic groups	Chinese	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>		Any other ethnic group	<input type="checkbox"/>

Does your child receive Disability Living Allowance (DLA), if so at what rate?

Please detail any diagnosis (*if known*) given and by whom:

Please enclose copies of any reports that confirm diagnoses

Educational placement

Does your child have a statement of special educational needs? Yes / No

If No, is a statutory assessment being undertaken? Yes / No

Is the child educated other than at school? Yes / No (if yes, go on to the next page)

Is your child resident at school?

How many nights per week? How many weeks per year? 38 / 52 / or (enter other)

Nursery, school or college name:

Contact person at the school:

Relationship to the child:

Address including postcode:

Telephone number:

Email:

Child and family contact details

Child and primary carer details:

Carer's name:

Relationship to the child:

Address including postcode:

Home telephone number:

Work telephone number:

Mobile telephone number:

Email:

Secondary carer details:

Carer's name:

Relationship to the child:

Address including postcode:

Home telephone number:

Work telephone number:

Mobile telephone number:

Email:

Who informed you about the Disability Register?			
Heath visitor		Voluntary organisation:	
Paediatrician			Three Wings Trust
General practitioner (GP)			Me Too and Co
Other medical professional			Richmond Parents Carers action group
Portage			Richmond Carers' Centre
School / Education			Richmond AID
Family information service			Richmond MENCAP
Social worker			21 and Co
Other professional service			Other voluntary organisation (please name)

Eligibility criteria for registration on London Borough of Richmond upon Thames Disabled Children's Register

A child would be registerable if they meet a minimum of: five categories under 'Band A'. Any two in 'Band A' and a single 'Band B'. Any one in 'Band C'. Those whom the panel band as B and C children are likely to be eligible for an assessment of their needs from the Disabled Children's Team. While it is recognised that children with disabilities may have additional personal care needs these needs are not viewed as additional when the child is of an age when non-disabled children would also need that same level of personal care assistance.

Please circle the statement on each line which best describes your child's disability.

Able for age	Band A	Band B	Band C
Fully mobile	Able to walk unassisted, but with difficulty or poor co-ordination.	Walks with aids or assistance. May use a wheelchair. Can transfer independently	Full time wheelchair user.
No difficulties with motor skills	Some difficulties with play, writing or drawing e.g. tremor, unsteadiness, lack of fine motor control.	Able to play, write, type or draw, but only with a lot of difficulty or need for assistance.	Unable to use hands effectively.
Communicates appropriately	Delayed language development only.	Delayed/ disorganised verbal communication. Speech supported by alternate communication method. May have difficulty in processing information	Non-verbal. Uses communication other than words. Including PECS, Makaton, BSL or electronic aid.
No health or personal care issues	Known health condition, which is under control but occasionally interferes with everyday activities in a minor way.	Health conditions causing intermittent but regular limitations of normal activities, including self-care and personal hygiene. Interferes with opportunities for development or education/ learning.	Health conditions causing frequent or daily interruption of activities, including self care and personal hygiene. Limited access to development or education/ learning due to health condition.
Vision is good or corrected with glasses	Severe or profound impairment with one eye. Up to half visual field loss. Able to function independently.	Able to read print with simple aids or assistance. Impairment of at least half visual field. May be eligible for registration as partially sighted.	Mobility restricted without special provision. Unable to read large print without intensive educational assistance or sophisticated aids. Registerable as blind or partially sighted.
Hearing is OK	Severe or profound hearing loss in one ear. Hearing loss 20-40 dB.	Hearing loss 41 plus and verbal.	Hearing loss 41 plus and non-verbal or communicates full time using BSL.
Risk awareness and supervision needed is right for their age	Requires occasional supervision beyond that expected for their age. Poor sense of danger or risk of excitability.	Needs supervision to perform daily activities significantly greater than that expected for developmental age. Limited perception of danger to self or others.	Needs constant supervision during the day and night. Would place themselves or others at risk without supervision.

Able for age	Band A	Band B	Band C
Behaviour and social integration is appropriate	Some mild, transient or frequent behaviour difficulties. Able to use local non-specialist services without specialist support. Able to sustain limited peer relationships and social integration with support	Displays behaviour severe or frequent enough to require some specialist advice or provision. Significant support required to achieve social integration. Does not initiate play. Only able to sustain peer relationships with support.	Long term behaviour difficulties make it difficult for the child to function appropriately most of the time. Dependence upon carer for social integration. Limited awareness of impact of behaviour upon others.
Functioning and learning OK	Overall functioning slightly below expected level for age.	Overall functioning around half expected level for age. Has a moderate learning disability	Overall functions significantly below expected level for age. Has a severe learning disability

Support services, short breaks and leisure

What support services are used? For example, speech therapy, physiotherapy, Family Link Scheme, childminding, befrienders, after school clubs, holiday schemes and leisure clubs etc.

And how frequently? For example, daily, weekly, monthly.

What other support or services do you feel would be useful to you?

Are you in touch with **voluntary organisations**? If so which ones and how do they help you?
For example, Richmond Parents Carers Action Group, Mencap, Three Wings Trust, The Bridge, Crossroads.

Contact details for social worker (if applicable):

Name:

Social worker team:

Contact details for GP or paediatrician:

Doctor's name:

Address including postcode:

Telephone number:

Email:

Would you be willing for the information contained in this form to be shared with other professionals from Health and Education for planning purposes? Yes / No

Declaration Statement

I [enter name] confirm that the information provided on this form is correct and that the child/young person's name can be included on the Children's Disability Register which will be maintained by the Education, Children's and Cultural Services Department and used to plan future services.

I also agree that the Education, Children's and Cultural Services Department may approach any other professional person (e.g. general practitioner, teacher etc) to confirm the details given.

Signature:

Print name:

Date:

Lena Vantol
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